



Preface to Chapter 1: Prevention and Law Enforcement Collaboration in San Diego

The California Border Alliance Group (CBAG), part of the network of 28 ONDCP-funded High Intensity Drug Trafficking Areas (HIDTA), has sought to put together a balanced approach to the array of drug challenges faced by the San Diego region. The HIDTA program enhances and coordinates drug control efforts among local, State, and Federal law enforcement agencies. The program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States. Specifically, HIDTA funds help Federal, State, and local law enforcement organizations invest in infrastructure and joint initiatives to dismantle and disrupt drug-trafficking organizations. Funds are also used for drug demand reduction initiatives. At present, there are 28 areas designated as HIDTAs. HIDTA-designated counties are present in 45 states, Puerto Rico, the U.S. Virgin Islands, and the District of Columbia. Traditional law enforcement initiatives, such as disrupting major drug-smuggling organizations that operate in this key border region, have long been the focus of their work. However, several years ago, many of the Federal, State, and local law enforcement organizations that serve on the HIDTA Executive Board in San Diego noted with concern rising youth drug use and advocated that more support for prevention was essential to the community. Since 1998, a modest amount of HIDTA funds have been provided both to support vital prevention initiatives and to promote better information sharing and collaboration between law enforcement and the prevention stakeholders in the region.

Prevention initiatives supported by CBAG are organized under three goals: (1) to intervene with at-risk youth to prevent violence before individuals enter the criminal justice system as offenders; (2) to participate in the building of community coalitions and partnerships that bring together law enforcement, educational, social service, and community-based organizations to provide parents with the information and skills needed to discourage substance abuse; and (3) to provide resources to law enforcement and non-law enforcement agencies to educate youth about the dangers of substance abuse, the acute risks of methamphetamine production and consumption, and the risk factors associated with youth violence and criminal street gang activity.

An array of specific prevention and treatment programs have been supported by CBAG and led by Californians for Drug Free Youth (CADFY). These initiatives include funding personnel overtime costs related to the San Diego Drug Court, promoting parents' education on keeping their children safe from drugs and violence, a bilateral prevention initiative with Mexican community organizations in Baja California, and most recently, "Forces United," an innovative program that combines the efforts of community coalitions, law enforcement, the National Guard, and the faith-based community to achieve community norm change in all four HIDTA regions (CBAG, Los Angeles, Central Valley, and Northern

California) throughout the state. The photo below shows students in El Centro, CA, participating in a role-playing curriculum about drug use with Federal law enforcement officers. This and other prevention initiatives are supplementing San Diego's demand reduction efforts, ensuring a more balanced approach to all aspects of the drug threat, and bringing all community stakeholders together to address shared challenges.

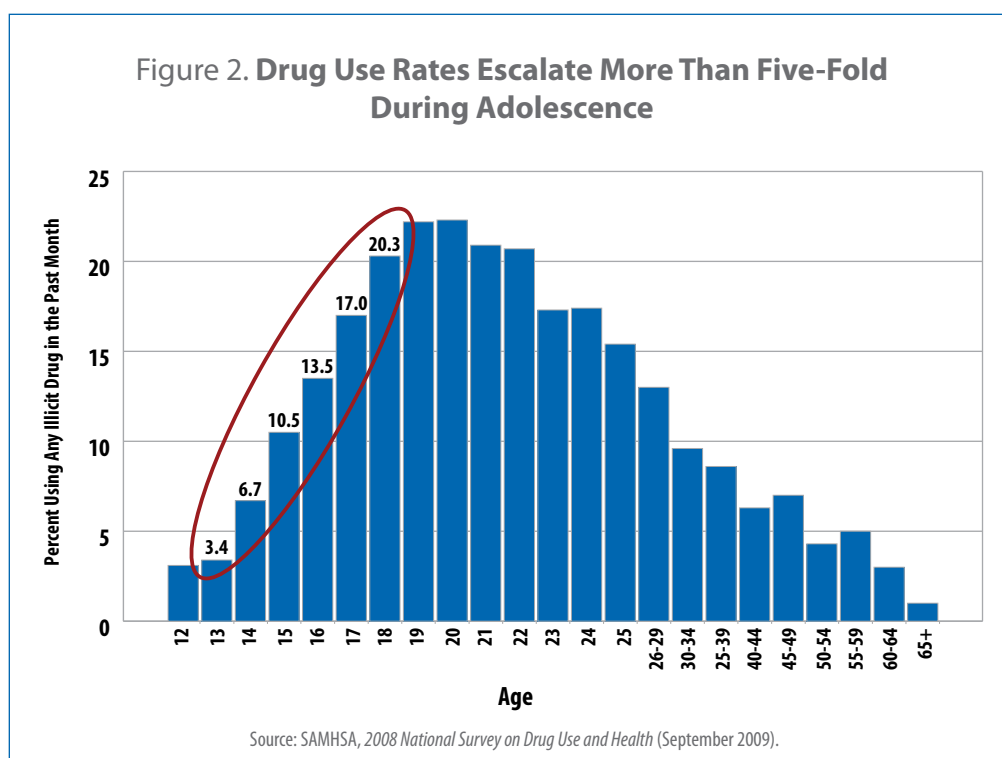




Chapter 1. Strengthen Efforts to Prevent Drug Use in Our Communities

Policy Statement

Preventing drug use before it begins is a cost-effective, common-sense approach to promoting safe and healthy communities. Yet translating this uncontroversial principle into effective action has often been challenging. Although efforts such as the Drug Free Communities (DFC) program, Strategic Prevention Framework-State Incentive Grants, and, the National Youth Anti-Drug Media Campaign have made a positive difference, it has also been the case that many other poorly resourced, one-time prevention programs have been too limited in scope or too short in duration to have made a substantial impact. The Obama Administration is committed to addressing these problems by strengthening proven community-based prevention efforts and building on the success of some of our current efforts.



The science of prevention has developed in significant ways over the past ten years and provides five critical lessons: First, there are robust, research-derived interventions that offer the promise of protecting America's adolescents from the short- and long-term damage of substance abuse. Second, research on adolescent brain development shows there is an at-risk period for the development of substance use disorders; people who do not develop a substance use problem by the age of 21 are unlikely ever to do so. Third, many risk factors for substance use in youth also predict a range of other problems, including

bullying, social rejection, school failure, depression, and teenage pregnancy. Fourth, prevention programs that reach young people in a range of settings (e.g., school, family, worksites, faith communities) have a stronger impact than those limited to only one setting. Fifth, alcohol, tobacco, and other drug use by youth are strongly influenced by such use by adults. Taken together, these five findings indicate that an effective prevention system should use evidence-based practices, target youth, focus on common risk factors for a range of problems, and cover a range of domains in young people's lives.

Communities have long wanted to adopt this approach but too frequently have been thwarted by a complex Federal bureaucracy that funds prevention from more than a dozen funding streams with different application and reporting requirements, lacks coordination across agencies, focuses on individual settings (e.g., the school) rather than entire communities, and seeks to prevent specific youth problems (e.g., bullying, depression, or school failure) rather than shared risk factors that contribute to a range of problems. An excellent way to transform how communities “do prevention” is to transform how the Federal Government funds it and how States support it. The Obama Administration is committed to this transformation. Federal agencies and States can work together to streamline processes and focus resources in communities so they can produce positive outcomes.

The first step in building a national prevention system based on current, effective programs and activities, like the DFC program, is to prepare communities to efficiently and effectively assess the unique nature of their local drug problems and to deliver evidence-based prevention targeted specifically toward those problems. Although most communities recognize that drugs exist in their neighborhoods, most could benefit from accurate information to plan, develop, and manage evidence-based prevention and intervention systems.

Principles

1. A National Prevention System Must Be Grounded at the Community Level

The community is where substance abuse occurs and where prevention must happen. Community members are the people who experience drug problems up close, who suffer the damage, and who have both the responsibility and the commitment to respond. Communities look to the Federal government to support prevention initiatives. In so doing, they often face a complex, uncoordinated bureaucracy that imposes requirements that do not always make sense at the community level. Instead of a system in which communities must adapt to the ways and conveniences of Federal and State agencies, it is vital for these agencies and departments to adapt and remain sensitive to the needs of local communities. This new system must help communities become prepared for prevention and support states in their efforts to expand upon the number of such communities.

Actions

A. Develop Prevention-Prepared Communities [HHS/SAMHSA, ED, DOJ, NIDA, CDC]

Federal agencies have historically given individual prevention grants focused on single outcomes (e.g., drug use, underage drinking, bullying) to narrow segments of communities (e.g., a parks and recreation department, a school district, a police department) with no coordination among the segments. A

more effective approach would be for different agencies to work together to target common risk factors that cause a range of problems in youth. In such an approach, building on current programs such as Drug Free Communities, Strategic Prevention Framework-State Incentive Grants, Project LAUNCH, Byrne Criminal Justice Innovation Program Grants (formerly Weed and Seed) and Safe Schools/Healthy Students, the new Prevention-Prepared Communities program (PPC) will focus on youth to conduct epidemiological needs assessments; create a comprehensive strategic plan; implement evidence-based, developmentally appropriate prevention services through multiple venues; and address common risk factors for mental, emotional, and behavioral problems, including substance abuse and mental illness. Agencies would coordinate their grants and technical assistance such that communities and the youth in them are continuously surrounded by protective factors rather than protected only in a single setting or at a single age. An interagency working group, coordinated by the Substance Abuse and Mental Health Services Administration (SAMHSA), will collaborate on the design, implementation, and evaluation of this effort.

B. Collaborate with States to Support Communities [HHS/SAMHSA, ED, DOJ, CDC]

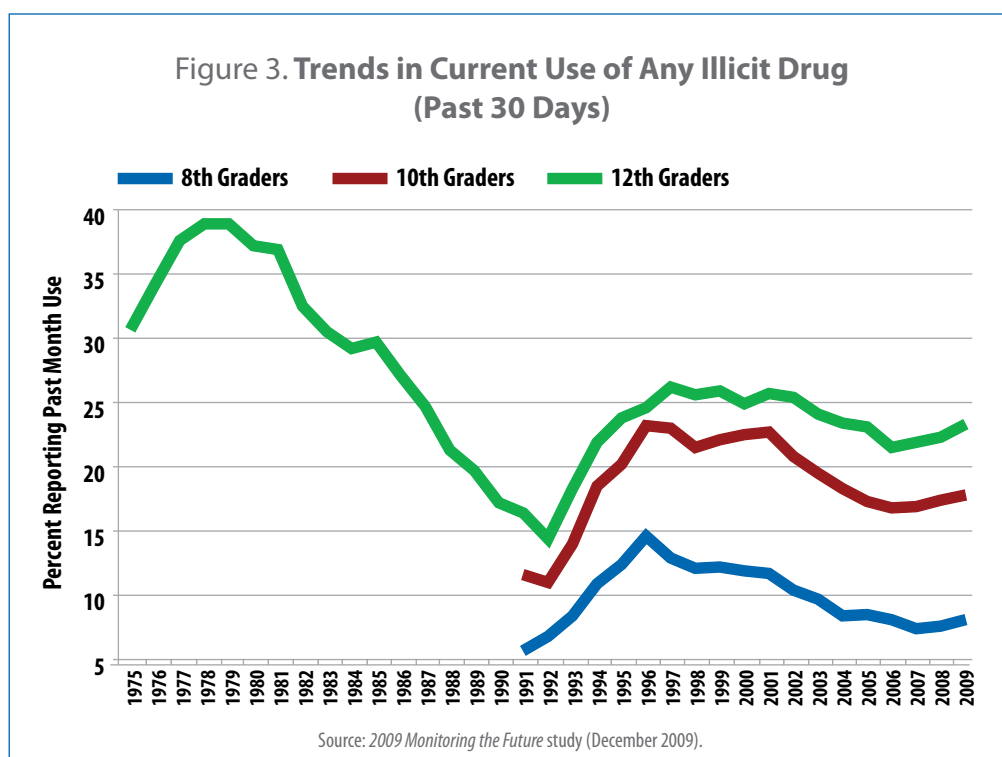
A second requirement for reaching our goals is for States to play a more active role in helping communities prepare to implement prevention initiatives. State government is the appropriate venue to provide communities the types of prevention-relevant information that will guide those individual communities in the development of their prevention plans (e.g., various school and community surveys, information on drug-related arrests, hospital admissions). SAMHSA will, therefore, in conjunction with the PPC grant program, fund community prevention specialists within States to increase collaboration among State agencies in the development and implementation of community plans. In addition to providing these resources to States, the Federal government will increase efforts to ensure States support community prevention initiatives from the Substance Abuse Prevention and Treatment block grant funds. Twenty percent of these funds are set aside for prevention, but not all States expend the funds in support of community initiatives. SAMHSA will work closely with the States to encourage them to prioritize community prevention initiatives.

C. Spread Prevention to the Workplace [HHS/SAMHSA, SBA, DOT, DOL]

Parents are a critical part of prevention efforts. Most parents of young children spend a significant part of their day at work. Therefore, the workplace is an excellent site to educate parents about youth substance use and ways to intervene with emerging problems. Furthermore, it is not just parents who can benefit from workplace-centered programs. In the late adolescent years, many young people are employed, and their concentration in particular industries (e.g., food service) creates opportunities for efficient targeting of worksite prevention programs. Federal job-training programs that currently provide substance abuse treatment and referrals will work to ensure continuity of services from training into employment where needed. Relevant Federal agencies will use workforce-focused strategies for delivering prevention messages to employees and their families, including more widespread adoption of effective drug-free workplace programs (which include employee education, supervisor training, testing programs, and treatment referral) by developing and promoting a “best practice” model as a foundation for all employers to implement.

2. Prevention Efforts Must Encompass the Range of Settings in Which Young People Grow Up

Prevention research teaches that effective community-based prevention requires coverage of a broad range of domains in which young people grow up, including families, schools, clubs, worksites, faith communities, and recreational programs. An individual prevention program in a single setting can be valuable, but young people invariably spend time in many settings across a community and require protection in all of them. Specific interventions—such as non-punitive, random student drug testing to identify and treat early drug use, or family-strengthening programs that aim to address communication and discipline issues among families—can only be decided at the local level. The Administration is committed to all prevention efforts being comprehensive in scope, wrapping young people in support and structure across all domains of community life.



Actions

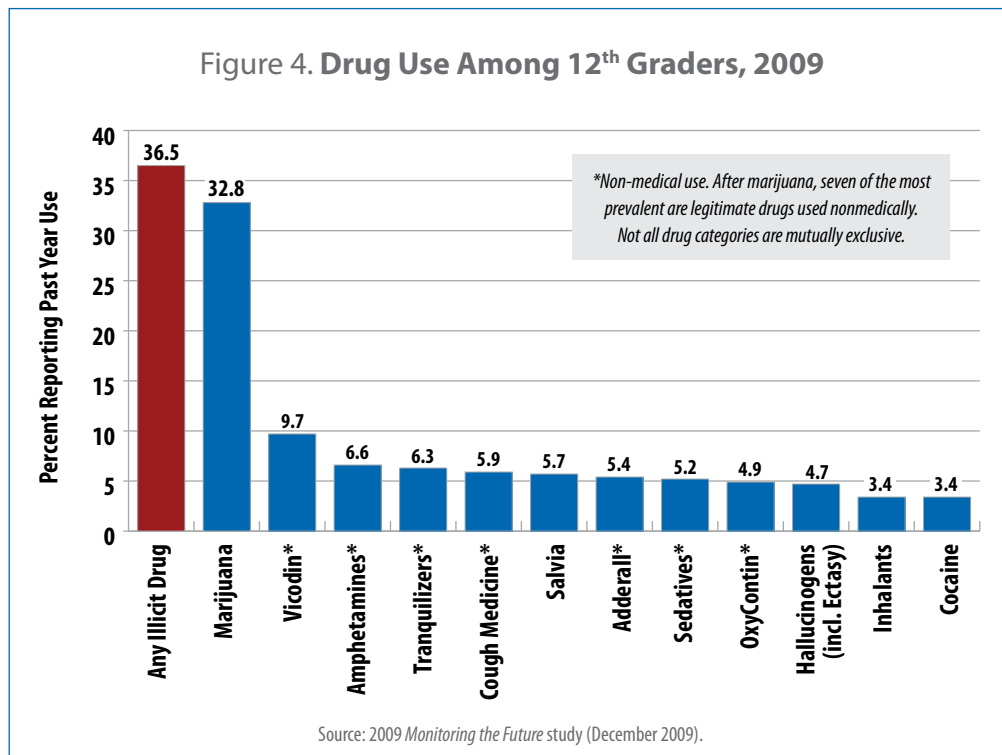
A. Strengthen the Drug Free Communities Program [ONDCP, HHS/SAMHSA]

The Drug Free Communities Support program is a signature effort to bring a broad range of community stakeholders together to prevent youth drug, alcohol, and tobacco use. In partnership with SAMHSA, ONDCP has administered the Drug Free Communities (DFC) program since 1997. The DFC program is a matching grant effort designed to help community coalitions identify and respond to local youth substance use problems. With 746 grants in 726 communities, the DFC program has been implemented in all 50 States, the District of Columbia, Puerto Rico, Palau, American Samoa, the U.S. Virgin Islands, and in tribal communities. Community-based coalitions bring together more than a dozen sectors (e.g., law enforcement, schools, faith leaders) to change local environmental risk factors. Communities are best

equipped to identify local drug problems, mobilize local resources, and implement community-based action plans. The Administration will work to provide best practices information to community coalitions and to integrate their work into new Federal prevention efforts. Additionally, the Administration will encourage further outreach of DFCs into special populations, including tribal communities.

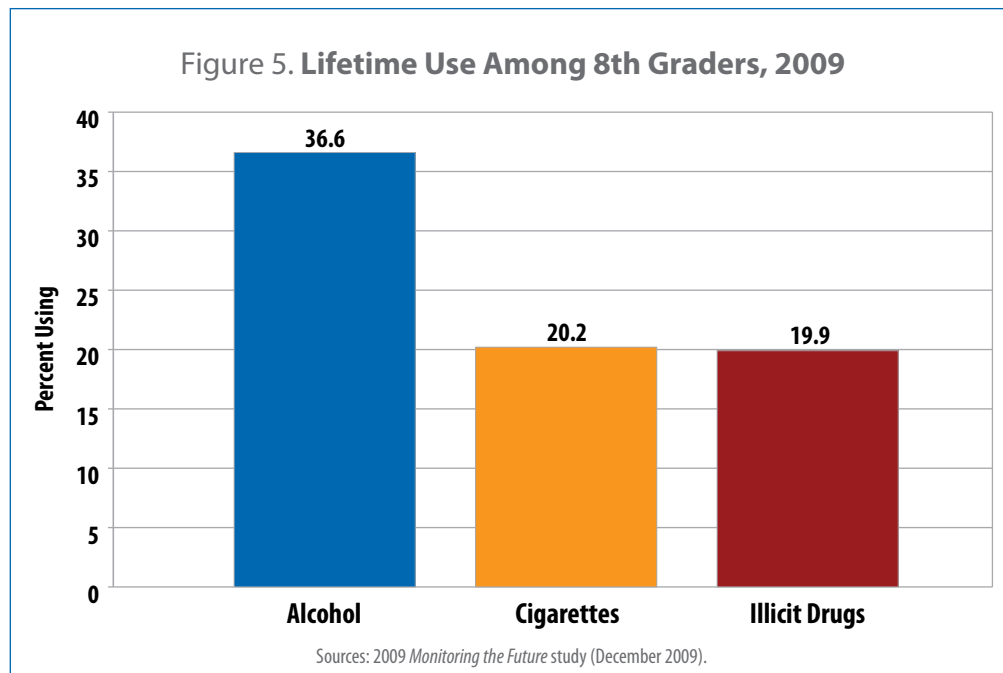
B. Revamp and Reenergize the National Youth Anti-Drug Media Campaign [ONDCP]

Influencing youth attitudes toward drugs is an important part of preventing drug use. Because the current media environment of youth includes pro-drug content that normalizes drug use, it is critical that anti-drug messages be delivered in the media to neutralize these influences. Any effort to achieve this goal must recognize that youth now engage with media in radically different ways than before. In consultation with national experts in media, marketing, and technology, the Obama Administration is dramatically changing the ONDCP National Youth Anti-Drug Campaign to respond to changes in the media. This effort builds on the strength of the Campaign’s “Above the Influence” brand, which encourages teens to reject drugs and other negative influences in their lives and has successfully achieved more than 80-percent awareness among youth, on par with mega-brands such as Burger King®, Coca-Cola®, and Nike. On average, the “Above the Influence” website receives 800,000 visits a month. The revamped Campaign will increase its emphasis on teen-centric television, print, and digital media and place more relevant content on teen destination websites. It will also be tailored to high-risk youth populations who suffer disproportionately from drug problems.



C. Support Mentoring Initiatives, Especially Among At-Risk Youth [OFCBP, HHS, DOJ]

Mentoring can play a critical role in a child's development. Data indicate that mentoring programs can help young people, including those with incarcerated parents or those who are children of alcoholics and/or drug users, by reducing their drug and alcohol use, improving their relationships and academic performance, and reducing the likelihood they will initiate violence. Multiple grant programs administered by the Departments of Health and Human Services and Justice provide services (both directly and in collaboration with local agencies) to strengthen and support children, especially those at higher risk of initiating substance abuse. For example, the Faith-Based and Neighborhood Partnerships Initiative provides more than \$45 million in funding to support the children of incarcerated parents through mentoring recruitment and support services. Additionally, DOJ's Office of Juvenile Justice and Delinquency Prevention, which administers juvenile mentoring grants, will conduct a new mentoring training initiative in the current year.



D. Mobilize Parents To Educate Youth to Reject Drug Use [HHS/SAMHSA, ONDCP, White House Office of Faith-Based and Neighborhood Partnerships]

Parents can play a key role in preventing drug and alcohol use and abuse because they are the first and most important continuing influence on the intentions and behaviors of children and adolescents. Initiation of substance use increases during the adolescent years but is often preceded by biological, psychological, social, and environmental precursors that begin earlier in life. Communities must harness their power and equip parents with information to help keep their families safe and healthy. To support this effort, the White House Office of Faith-Based and Neighborhood Partnerships is fostering greater engagement of fathers in the lives of their children. It has launched a national fatherhood tour to hear directly from local communities about how we can come together to encourage personal responsibility and strengthen our Nation's families. This program works synergistically with initiatives to help fathers

and mothers protect their children from drugs. The National Youth Anti-Drug Media Campaign continues to provide information and resources to parents, and SAMHSA continues to provide support for parents using evidence-based interventions.

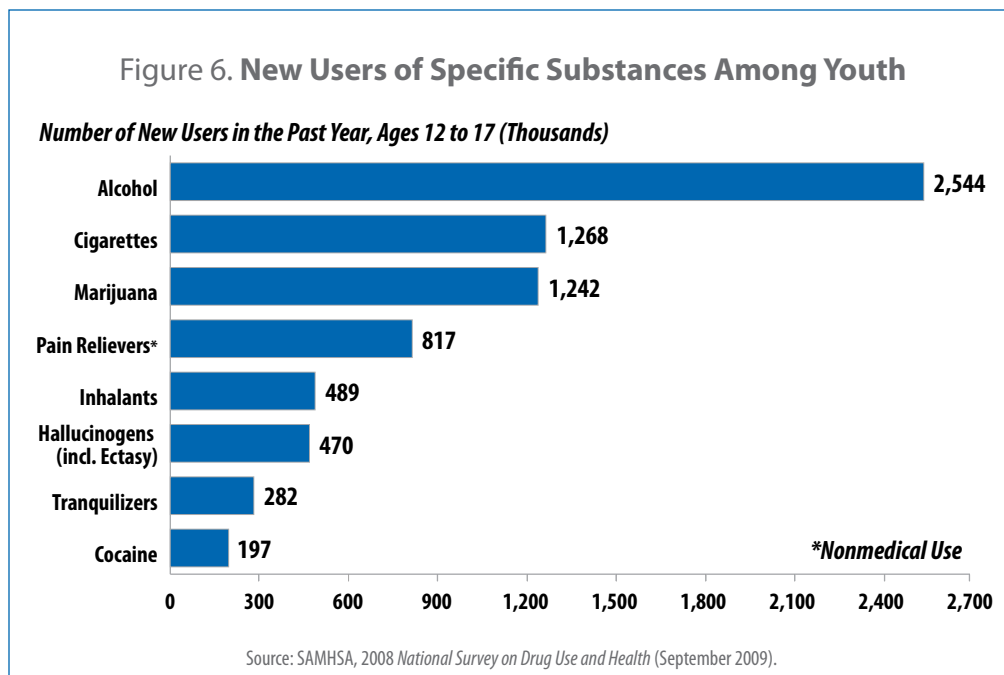
3. Develop and Disseminate Information on Youth Drug, Alcohol, and Tobacco Use

Prevention science has made extraordinary advances in recent decades. Knowledge about effective prevention has also been expanded by front-line professionals who have continually evaluated and improved their own practices. Yet the treasure trove of new information on the causes, consequences, and solutions to youth substance use has not been as widely shared as it should be. The Administration will make a major effort to ensure that communities, youth, parents, and professionals have the latest and most accurate information available to guide their prevention efforts.

Actions

A. Support Substance Abuse Prevention on College Campuses [HHS, ED, ONDCP]

Since the largest drug-using population is among 18- to 25-year-olds, it is vital that prevention efforts do not stop after secondary school education. The Departments of Health and Human Services and Education have long been active in the area of drug prevention among the college population (especially high-risk drinking) through entities like the Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, the Centers for Disease Control and Prevention's College Health and Safety initiative, and other grant programs. These and other efforts will continue, and will augment work by private foundations and nongovernmental organizations that have long shown leadership in promoting health and safety on college campuses by disseminating information on model campus-based programs.



B. Expand Research on Understudied Substances [HHS/NIDA]

Science is a critical ally in efforts to prevent youth substance use, yet scientific work is not always precisely aligned with the threats communities face. One example is the use of inhalants, one of the most common substances of initiation in most communities, but whose impact has not yet been extensively researched. Cognitive (i.e., “study drugs”) and physical performance-enhancing drugs (e.g., steroids), constitute another class of substances abused by youth that requires additional research. Youth abuse of opioid painkillers and other pharmaceuticals should also be more extensively researched. The National Institute on Drug Abuse (NIDA) will actively support research into these youth drug use problems and disseminate the results widely.

C. Prepare a Report on Health Risks of Youth Substance Use [HHS, ED, ONDCP]

There is a tremendous volume of evidence, from an array of sources, on the negative consequences of substance abuse by young people. The Office of the Surgeon General has previously produced useful reports on the health risks of tobacco and alcohol. The Surgeon General is uniquely qualified to provide credible information to parents, teachers, coaches, adolescents, and the general public. The Surgeon General will produce a new report that includes the latest information on the risks of abusing prescription drugs as well as marijuana, other drugs, and alcohol that will be vital to enhancing our efforts to prevent drug use.

Update: Drug-Related Challenges in Tribal Communities

Illegal drug consumption and other substance abuse problems are especially severe among the Native American population. According to SAMHSA’s 2008 National Survey on Drug Use and Health (NSDUH), American Indians and Alaska Natives have higher past-year prevalence rates of drug use than any other demographic group within the United States. In 2008, to help address the problem, the ONDCP National Youth Anti-Drug Media Campaign launched the first-ever anti-methamphetamine campaign delivering a unifying and empowering message directed to Native populations.

In addition to the problem of drug consumption, tribal communities face other challenges. The first is drug smuggling across international borders. According to the National Drug Intelligence Center (NDIC), Mexican drug-trafficking organizations routinely exploit the vast stretches of remote, sparsely populated desert of the Tohono O’odham Reservation in Arizona to smuggle metric-ton quantities of marijuana and lesser quantities of cocaine, heroin, and methamphetamine from Mexico to drug markets throughout the United States. On the northern border, Canada-based drug-trafficking organizations and Native American traffickers exploit the St. Regis Mohawk Reservation in New York to smuggle metric-ton quantities of high-potency marijuana and multi-thousand-tablet quantities of 3,4-Methylenedioxymethamphetamine (ecstasy) into the United States. The movement of illicit drugs across Indian country puts the Native American population at increased risk due to the violence and corruption inherent in the illicit drug trade.

Another challenge is the exploitation of tribal lands for illegal drug production or cultivation. According to NDIC, marijuana is cultivated by traffickers—mainly Mexican drug-trafficking organizations—at remote outdoor grow sites on a number of reservations, particularly those in the Pacific region. These highly lucrative “grow operations” are often protected by dangerous armed groups. Additionally, tribal lands are often used for methamphetamine production. The environmental impact of these operations produces serious

degradation of natural resources. Also, tribal communities are faced with an increase in gangs engaged in the drug trade. Not only are international and domestic gangs distributing drugs on some reservations, but tribal communities are increasingly at risk from their own neighborhood gangs. Taken together, these factors make tribal lands a threatened territory highly susceptible to exploitation and increasingly damaged by the drug-trafficking business.

Several Federal agencies have taken some initial steps to respond to these threats. ONDCP continues to work to increase DFC collaboration, along with SAMHSA's Native American Center for Excellence (NACE), in the Native American population. Additionally, ONDCP has worked in collaboration with the Department of Health and Human Services to bring treatment resources to American Indians and Alaska Natives. From fiscal year (FY) 2006 to FY 2009, HHS made awards totaling \$4.0 million to develop tribal models for addressing drug abuse through the Indian Country Methamphetamine Initiative. This effort employs a community-oriented approach that builds partnerships, improves cross-coordination between public health and public safety, and increases awareness through ONDCP's National Youth Anti-Drug Media Campaign and local efforts. ONDCP is partnering with NDIC to produce regional assessments of the gang threat to tribal communities in 2010.

4. Criminal Justice Agencies and Prevention Organizations Must Collaborate

Many communities have already taken action to promote effective collaboration among police, prosecutors, judges, probation officers, corrections officials, and their counterparts in the prevention field. These highly productive collaborations are often initiated by community leaders such as police chiefs, judges, mayors, and drug prevention administrators. Too often, however, different agencies with different missions and limited resources operate in separate worlds. The Administration is committed to using all of its tools, including resources provided to States and local agencies through grant programs, to foster interdisciplinary collaboration and break down silos that hamper our criminal justice and prevention systems from working together effectively.

Actions

A. Provide Information on Effective Prevention Strategies to Law Enforcement [ONDCP, HHS, DOJ/DEA, COPS]

During the *Strategy* consultation process, many law enforcement professionals indicated that information on the effectiveness of various prevention strategies and programs is not easily available. Many police agencies with substantial experience in implementing problem-oriented policing strategies are well prepared to promote and participate in effective prevention programs if both the right initiative and sufficient funding can be identified. The Administration will respond by creating documents for criminal justice and other agencies highlighting which prevention strategies can be effectively implemented and how to acquire additional information to launch such strategies.

B. Enable Law Enforcement Officers to Participate in Community Prevention Programs in Schools, Community Coalitions, Civic Organizations, and Faith-Based Organizations [DOJ, ONDCP/HIDTA, DHS]

Federal, State, local, and tribal law enforcement officers have valuable knowledge, experience, and energy to contribute to community prevention efforts. Law enforcement officers, especially when seen outside of law enforcement settings, are uniquely able to garner the attention of youth. This investment of their time working on prevention has tremendous potential to reduce drug use and crime. Federal agencies will explicitly encourage their own personnel and federally supported task force officers to participate in drug prevention campaigns in conjunction with local organizations and coalitions. To increase the involvement of HIDTA law enforcement personnel in drug prevention, ONDCP allocated \$800,000 of FY 2009 discretionary funding among 18 HDTAs for prevention initiatives, resulting in the creation of 15 new initiatives and the expansion of 3 existing ones. Those HIDTA-funded prevention initiatives are tailored to the specific needs of each community served and expand evidence-based prevention programs for at-risk youth. In addition, as part of DEA's Demand Reduction Program, special agents in every DEA Field Division work with their communities to provide in-house expertise on the illegal use of substances ranging from prescription drugs to heroin. DEA is uniquely suited to providing direct information and support to community coalitions.

C. Strengthen Prevention Efforts along Southwest Border [ONDCP, HHS, DOJ, DHS]

Just as increased national and bi-national collaboration can improve interdiction, intelligence, and enforcement efforts along the United States-Mexico border, an increased and more coordinated emphasis on substance abuse prevention will benefit both countries in border regions. Despite many excellent alliances and programs, prevention efforts along the border region remain fragmented. Therefore, ONDCP will establish and lead a Federal working group to promote communication and collaboration with State, local and tribal agencies, bi-national organizations and agencies, and Mexican counterparts to maximize available resources in addressing the common factors that influence the region's violence and substance abuse. Prevention is essential for long-term solutions to the region's substance abuse and related problems, including the recruitment of youth into gangs. Many conditions and issues that impact broken communities – sometimes affecting the ability and even the will of communities to mobilize to address them – exist on both sides of the border. The ONDCP-led workgroup will identify, recruit, and engage key stakeholders on both sides of the border to work together to address the problems. This effort will build on annual United States-Mexico Bi-national Demand Reduction Policy meetings, bringing together high-level officials committed to improving demand reduction efforts and establishing teams from both countries to work together on building capacity to address specific issues, such as strengthening communities, coalition building, conducting clinical research trials in prevention and treatment to reach vulnerable populations, gang prevention and intervention approaches, criminal justice innovations, and recovery support efforts.

5. Preventing Drugged Driving Must Become a National Priority on Par with Preventing Drunk Driving

Americans know the terrible consequences of drunk driving and are becoming more aware of the dangers of distracted driving. Drugged driving poses similar threats to public safety because drugs have adverse effects on judgment, reaction time, motor skills, and memory. According to the latest National Roadside Survey conducted by the National Highway Traffic Safety Administration (NHTSA), more than 16 percent of weekend nighttime drivers tested positive for drugs. This troubling news demands a response on a level equivalent to the highly successful effort to prevent drunk driving. The Department of Transportation (DOT) has already taken some important steps, including publicizing the survey and adding drugged driving to its public discussions of drunk and impaired driving. However, considering the severe public safety risk posed by drugged driving, much more needs to be done to enhance safety on America's roads and highways.

Actions

A. Encourage States To Adopt *Per Se* Drug Impairment Laws [ONDCP]

State laws regarding impaired driving are varied, but most State codes do not contain a separate offense for driving under the influence of drugs (DUID). Therefore, few drivers are identified, prosecuted, or convicted for DUID. Law enforcement personnel usually cite individuals with the easier to prove driving while intoxicated (DWI) alcohol charges. Unclear laws provide vague signals both to drivers and to law enforcement, thereby minimizing the possible preventive benefit of DUID statutes. Fifteen states have passed laws clarifying that the presence of any illegal drug in a driver's body is *per se* evidence of impaired driving. ONDCP will work to expand the use of this standard to other states and explore other ways to increase the enforcement of existing DUID laws.

B. Collect Further Data on Drugged Driving [ONDCP, DOT/NHTSA, HHS/NIDA, NIAAA]

Much greater efforts are required by Federal and local agencies to focus on the serious drugged driving threat, but these efforts must be built on a strong foundation of accurate data. Data sources to track drugged driving among the overall population include SAMHSA's National Survey on Drug Use and Health and NHTSA's National Roadside Survey of Alcohol and Drug Use by Drivers. In addition, NHTSA's Drug Evaluation and Classification program captures information on drug evaluations conducted on drivers arrested on suspicion of impaired driving. Further, the Fatality Analysis Reporting System, known as FARS, provides testing results for drivers in fatal car crashes. FARS data on drug use for 80 percent or more of all fatally injured drivers is available for 15 states. The National Roadside Survey of Alcohol and Drug Use by Drivers is the only survey of non-crash-involved drivers using a specific biomarker (generally a blood or saliva test) that confirms the presence of drugs in those who volunteer to participate in the survey. NHTSA has conducted the National Roadside Survey on a 10-year cycle, most recently in 2007. The Survey estimates the use of alcohol and other potentially impairing drugs by drivers. Federal drug control agencies will reduce the length of time between National Roadside Surveys as one measure of progress on drugged driving.

C. Enhance Prevention of Drugged Driving by Educating Communities and Professionals**[ONDCP, DOT, HHS/SAMHSA, DOJ, ED]**

There has been insufficient effort to educate all relevant stakeholders, including government agencies, parents, schools, faith communities, community coalitions, and medical professionals, about the serious threat posed by drugged driving. ONDCP will provide educational materials on drugged driving in as many venues as possible, as this information can be of value to a broad range of individuals. Doctors can help by learning to recognize patients with substance use problems. Parents can help by talking to their children about alcohol and drugs and the dangers of driving after drinking alcohol or using drugs. Communities can reinforce the message that there are serious consequences associated with abusing alcohol or drugs. Individuals who use drugs can seek help and make the choice to live a drug-free life. ONDCP will work with stakeholders to launch a national initiative to greatly expand our efforts to reduce drugged driving.

D. Provide Increased Training to Law Enforcement on Identifying Drugged Drivers**[DOT, HHS/NIDA]**

As with drunk driving, visible enhanced enforcement has a powerful preventive effect. The Drug Evaluation and Classification Program is a standardized, systematic method for law enforcement officers to determine whether observed driver impairment is due to drug use and, if so, to identify the category or categories of drugs involved. More than 6,000 law enforcement officers have received extensive training and have been certified as Drug Recognition Experts (DREs). In the training, participants learn basic drug terminology and pharmacology and how to identify the seven categories of drugs and the indicators of impairment. Training is complete when the participant demonstrates proficiency as a DRE and fully meets the national standards established by the International Association of Chiefs of Police (IACP). Recently, this training program has added more options to enable officers to gain a basic level of training in a short period. Expanding expertise among law enforcement officers in identifying impairment from drug use is a vital public safety priority, and DOT is directed to consult with law enforcement partners on how to supplement current efforts, as well as to seek advice from NIDA on how research findings can be taken into account in the design of the program as they emerge.

E. Develop Standard Screening Methodologies for Drug-Testing Labs to Use in Detecting the Presence of Drugs [HHS/NIDA, SAMHSA, DOT/NHTSA, ONDCP]

There are several important scientific issues that must be resolved to establish effective policies and laws on drugged driving. Better methods and technology to detect drug use by drivers would have a preventive effect and greatly facilitate the enforcement, prosecution, and adjudication under existing drugged driving laws. First, research must be conducted to develop standards for laboratory screening methodologies for detecting drugged driving. Secondly, research must be conducted to better specify the adverse effects of drug consumption on driving. This information will facilitate the development of model State drug laws to address drugged driving. NIDA will work with its Federal partners to begin this important research.